

**Political Organization
Report of Contributions and Expenditures**

OMB No. 1545-1696

► See separate instructions.

A For the period beginning 07/01/2014 **and ending** 09/30/2014

B Check applicable box: ☒ Initial report ☐ Change of address ☐ Amended report ☐ Final report

1 Name of organization Last Chance for Patient Choice **Employer identification number** 05 - 0628214

2 Mailing address (P.O. box or number, street, and room or suite number)
P.O.Box 2817

City or town, state, and ZIP code
Waterloo, IA 50704

3 E-mail address of organization: Eric.Brodahl@vgm.com **4 Date organization was formed:** 10/17/2005

5a Name of custodian of records Michael Mallaro **5b Custodian's address** PO Box 2817
Waterloo, IA 50704

6a Name of contact person John Gallagher **6b Contact person's address** PO Box 2817
Waterloo, IA 50704

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
1111 W. San Marnan Dr.

City or town, state, and ZIP code
Waterloo, IA 50704

8 Type of report (check only one box)

- | | |
|---|---|
| <input type="checkbox"/> First quarterly report
(due by April 15) | <input type="checkbox"/> Monthly report for the month of:
(due by the 20th day following the month shown above, except the
December report, which is due by January 31) |
| <input type="checkbox"/> Second quarterly report
(due by July 15) | <input type="checkbox"/> Pre-election report (due by the 12th or 15th day before the election) |
| <input checked="" type="checkbox"/> Third quarterly report
(due by October 15) | (1) Type of election: |
| <input type="checkbox"/> Year-end report
(due by January 31) | (2) Date of election: |
| <input type="checkbox"/> Mid-year report (Non-election
year only-due by July 31) | (3) For the state of: |
| | <input type="checkbox"/> Post-general election report (due by the 30th day after general election) |
| | (1) Date of election: |
| | (2) For the state of: |

9 Total amount of reported contributions (total from all attached Schedules A) **9. \$** 11489

10 Total amount of reported expenditures (total from all attached Schedules B) **10. \$** 29989

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Mike Mallaro

10/09/2014

**Sign
Here**



Signature of authorized official



Date

Schedule A Itemized Contributions

Schedule A

Contributor's name, mailing address and ZIP code Hastings Home Health Center Inc 211 Commerce Dr Medina, OH 44256	Name of contributor's employer N/A Contributor's occupation N/A Aggregate contributions year-to-date \$ 225	Amount of contribution \$ 15 Date of contribution 07/08/2014
Contributor's name, mailing address and ZIP code Family Medical Supply Inc PO Box 1121 Dunn, NC 28335	Name of contributor's employer N/A Contributor's occupation N/A Aggregate contributions year-to-date \$ 240	Amount of contribution \$ 15 Date of contribution 07/08/2014
Contributor's name, mailing address and ZIP code Broadway Medical Service and Supply Inc 1034 Broadway Eureka, CA 95501	Name of contributor's employer N/A Contributor's occupation N/A Aggregate contributions year-to-date \$ 240	Amount of contribution \$ 15 Date of contribution 07/08/2014
Contributor's name, mailing address and ZIP code Hastings Home Health Center Inc 211 Commerce Dr Medina, OH 44256	Name of contributor's employer N/A Contributor's occupation N/A Aggregate contributions year-to-date \$ 225	Amount of contribution \$ 15 Date of contribution 07/08/2014
Contributor's name, mailing address and ZIP code Sarah Medical Equipment 2632 Lincoln Blvd Santa Monica, CA 90405	Name of contributor's employer N/A Contributor's occupation N/A Aggregate contributions year-to-date \$ 210	Amount of contribution \$ 15 Date of contribution 07/08/2014
Contributor's name, mailing address and ZIP code Carolina Home Medical Inc 1301 Commerce Dr New Bern, NC 28562	Name of contributor's employer N/A Contributor's occupation N/A Aggregate contributions year-to-date \$ 210	Amount of contribution \$ 15 Date of contribution 07/08/2014
Contributor's name, mailing address and ZIP code Parkway Mobility and Medical Supply PO Box 636000 Littleton, CO 80163	Name of contributor's employer N/A Contributor's occupation N/A Aggregate contributions year-to-date \$ 210	Amount of contribution \$ 15 Date of contribution 07/08/2014
Contributor's name, mailing address and ZIP code Care Medical 1242 Prince Ave Athens, GA 30606	Name of contributor's employer N/A Contributor's occupation N/A Aggregate contributions year-to-date \$ 270	Amount of contribution \$ 15 Date of contribution 08/05/2014
Contributor's name, mailing address and ZIP code Memorial Home Care Inc 3355 Douglas Rd Ste 100 South Bend, IN 46635	Name of contributor's employer N/A Contributor's occupation N/A Aggregate contributions year-to-date \$ 210	Amount of contribution \$ 15 Date of contribution 08/05/2014
Contributor's name, mailing address and ZIP code Aaro Medical Sup 2222 Simpson Ave Aberdeen, WA 98520	Name of contributor's employer N/A Contributor's occupation N/A Aggregate contributions year-to-date \$ 210	Amount of contribution \$ 15 Date of contribution 07/08/2014
Contributor's name, mailing address and ZIP code Withheld PO Box 2817 Waterloo, IA 50704	Name of contributor's employer N/A Contributor's occupation N/A Aggregate contributions year-to-date \$ 37574	Amount of contribution \$ 10514 Date of contribution 09/30/2014

Contributor's name, mailing address and ZIP code Britkare Home Medical Inc 2112 S Coulter St Amarillo, TX 79106	Name of contributor's employer N/A Contributor's occupation N/A Aggregate contributions year-to-date \$ 210	Amount of contribution \$ 15 Date of contribution 07/08/2014
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Contributor's name, mailing address and ZIP code Green Bay Home Medical Equipment PO Box 1415 Green Bay, WI 54305	Name of contributor's employer N/A Contributor's occupation N/A Aggregate contributions year-to-date \$ 240	Amount of contribution \$ 15 Date of contribution 07/08/2014
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Contributor's name, mailing address and ZIP code Care Medical 1242 Prince Ave Athens, GA 30606	Name of contributor's employer N/A Contributor's occupation N/A Aggregate contributions year-to-date \$ 270	Amount of contribution \$ 15 Date of contribution 07/08/2014
Contributor's name, mailing address and ZIP code A-One Specialty medical LLC 58 Myricks St Berkley, MA 02779	Name of contributor's employer N/A Contributor's occupation N/A Aggregate contributions year-to-date \$ 210	Amount of contribution \$ 15 Date of contribution 07/08/2014
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Schedule B Itemized Expenditures

Schedule B

Recipient's name, mailing address and ZIP codeUS Bank
PO Box 1800
St. Paul, MN 55101**Name of recipient's employer**N/A
Recipients's occupation
N/A**Amount of Expenditure**\$ 113
Date of expenditure
08/28/2014**Purpose of expenditure**

Bank Fees

Recipient's name, mailing address and ZIP codeUS Bank
PO Box 1800
St. Paul, MN 55101**Name of recipient's employer**N/A
Recipients's occupation
N/A**Amount of Expenditure**\$ 113
Date of expenditure
07/21/2014**Purpose of expenditure**

Bank Fees

Recipient's name, mailing address and ZIP codeStrategies 360
1505 Westlake Ave N
Seattle, WA 98109**Name of recipient's employer**N/A
Recipients's occupation
N/A**Amount of Expenditure**\$ 29649
Date of expenditure
07/24/2014**Purpose of expenditure**

Advocacy Fees

Recipient's name, mailing address and ZIP codeUS Bank
PO Box 1800
St. Paul, MN 55101**Name of recipient's employer**N/A
Recipients's occupation
N/A**Amount of Expenditure**\$ 114
Date of expenditure
09/16/2014**Purpose of expenditure**

Bank Fees